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PERIPHERAL ARTERY STENT THROMBOSIS: REPORT FROM THE EXCELLENCE IN PERIPHERAL ARTERY DISEASE (XLPAD) REGISTRY

Moderated Poster Contributions
TCT@ACC-i2 Moderated Poster Theater, Poster Hall B1
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Background: There are limited data on infrainguinal peripheral artery stent thrombosis (ST).

Methods: We analyzed procedures performed between May 2005-March 2014 enrolled in the XLPAD registry. Occurrence of ST was determined by acute onset of lower limb pain and angiographic evidence of thrombus.

Results: ST occurred in 27 of 1,054 cases (2.6%) and was more likely in males (3.0% vs. 0.5%; p=0.016). Occurrence was similar in claudicants and in those with critical limb ischemia (2.2% vs. 2.8%; p=0.823). Compared to patients without ST, index procedures resulting in ST exhibited longer stent lengths (230.0±103.1 mm vs. 109.3±135.1 mm; p<0.001; Figure 1a), with more chronic total occlusions (88.9% vs. 52.2%; p<0.001; Figure 1b), fewer restenotic lesions (66.7% vs. 81.5%; p=0.076) and mostly superficial femoral artery (SFA) location (96.3% vs. 80.6%; p=0.044). ST was more frequent with drug-eluting stent (DES) implantation compared with bare-metal stents (7.5% vs. 2.5%; p=0.060). Dual antiplatelet therapy was equally prescribed (81.5% vs. 83.7%; p=0.791). Endovascular revascularization for ST tended to have higher procedural complication rates (8.3% vs. 4.5%; p=0.299).

Conclusion: Infrainguinal peripheral artery ST is more prevalent with DES implants in lesions with longer stent lengths and implanted for treatment of CTO predominantly in the SFA distribution.